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1-2-0521.1US Attorney Docket Number **DECLARATION FOR UTILITY OR** Roy et al. First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/749,905 December 31, 2003 Filing Date ☐ Declaration ■ Declaration Not Yet Known OR Submitted Submitted after Initial **Group Art Unit** Filing (surcharge with Initial (37 ČFR 1.16 (e)) Not Yet Known Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND SYSTEM WHEREIN TIMESLOTS ALLOCATED FOR COMMON CONTROL CHANNELS MAY BE REUSED FOR USER TRAFFIC								
the specification of which (Title of the Invention) is attached hereto								
OR was filed on (MM/DD/YYYY) 12/31/2003 as United States Application Number or PCT International								
Application Number 10/749,905 and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO			
		·	0000	0000	0000			
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s	Application Number(s) Filing Date (MM/DD/YYYY)							
60/485,762	07/0	9/2003	numbe supple	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
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[Page 1 of 3]

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DECLARATION Iltility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number					Parent Filing Date Par			-	ent Patent Number (if applicable)					
	(Ministry)													
Additional L	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										ereto.			
As a named inventor. I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent														
and Trademark Office connected therewith: Customer Number OR Registered practitioner/s					24374 Place Customer Number Bar Code Label here					Code				
	Nam	e		Regist Num	ration				Name			Registration Number		
	Namely, the Attorneys of Volpe and Koenig, P.C.													
Additional re	egistered	d practitioner(s)	named o	n supplemental	Registered	Prac	titioner I	nforma	tion she	et PTO/SE	/02C_a	attached here	to	
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label OR ☐ Correspondence address below														
Name VOLPE AND KOENIG, P.C. DEPT ICC														
Address	Address										,			
City						S	tate	_		ZIP				
Country			**	Telephon	ie	<u> </u>				Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:														
Given Name (first/and middle [if any])					Family Name or Surname									
Vincent /				Roy										
Inventor's Signature					Date									
Residence: City Montreal State Quebe		Quebec	country Canada Citizenship				CA							
Post Office Ad	Post Office Address 6254 De La Roche													
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City		Montreal	State	Quebe	C ZIP	T	H25	S 2E	1	Countr	y T	Cana	ada	
Additional i	nvento	rs are being n	amed o	n the 1 sur	plementa	al Add	itional	Inven	tor(s) sl	neet(s) P	TO/SE	B/02A attac	hed hereto	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if an	ıy:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname					
Paul			Marinier					
Inventor's Signature Supplies Man		Date 13 /8 /04						
Residence: City Brossard State Quebec			Country Canada	Citizenship Canada				
Mailing Address 1805 Stravinski								
Mailing Address								
city Brossard	State Quel	bec	ZIP J4X 2J7	Count	y Canada			
Name of Additional Joint Inventor, if an	ıy:		A petition has been fil	led for thi	is unsigned inventor			
Given Name (first and middle [if any])		Family Name or Sumame					
Inventor's Signature			Date					
Residence: City	State	Country			Citizenship			
Mailing Address								
Mailing Address			1					
City	State		ZIP Cou		ntry			
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])			Family Name or Sumame					
Inventor's Signature			Date					
Residence: City	State	Country			Citizenship			
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